

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

RECEIVED

JAN 29 2018 *g*

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Nicholas J. Burch

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Thomas Dart

ANIKIA JONES

KRISTAL RAMOS

BRADY, BERRY

F MINZO

BECHER, EVANS

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

1:18-cv-00669
Judge Sharon Johnson Coleman
Magistrate Judge Michael T. Mason
PC8

CHECK ONE ONLY:

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)

☐ **OTHER (cite statute, if known)**

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Nicholas Burch
- B. List all aliases: JUNITO Burch Nicholas Burch
- C. Prisoner identification number: 20160922040
- D. Place of present confinement: Cook County Jail
- E. Address: 2600 S CALIFORNIA Chicago IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart
- Title: Head Sheriff
- Place of Employment: Cook County Jail

- B. Defendant: Anika Jones
- Title: Director
- Place of Employment: Cook County Jail

- C. Defendant: Kristal Ramos
- Title: Nutritionist
- Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. Defendant: BRADY

Title: Director

Place of Employment: Cook County Jail

E. Defendant: F. Mineo

Title: Meal Details Management

Place of Employment: Cook County Jail

F. Defendant: Becher

Title: Director

Place of Employment: Cook County Jail

G. Defendat: EVANS

Title: Correctional Officer

Place of Employment: Cook County Jail

H. Defendant Berry

~~Place of Employment~~ Title: Sergeant

Place of Employment Cook ~~County~~ Jail

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: DNA
- B. Approximate date of filing lawsuit: DNA
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: DNA
- D. List all defendants: DNA
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): DNA
- F. Name of judge to whom case was assigned: DNA
- G. Basic claim made: DNA
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): DNA
- I. Approximate date of disposition: DNA

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

1. On 10-16-17 I informed the doctor and cermak 3 west that I was unable to eat solid food due to a broken jaw. And he said he would put me in the system for Full liquid diet and milk allergy from 10-16-17, I didnt receive a full liquid diet milk allergy. On 11-16-17, at or around 12:20 p.m and I was given 3 4 ounce milk shakes even after I told the Doctor that Im lactose intolerant.
2. I spoke to Sgt. Berrey on 11-16-17, at 2:02 a.m. and he stated there nothing he could do about it. Leaving me to starve due to me being deprived of my daily nutrients. I couldnt eat food I was denied basic needs to survive, due to my mouth was wired shut. I told jail staff of this issue over and over. I was told the same thing time after time even by grievance on 11-12-17, (EXHIBIT A), 11-16-17 (EXHIBIT B), 11-17-17 (EXHIBIT C), 11-21-17 (EXHIBIT D), 11-22-17 (EXHIBIT E), which I was dissatisfied with the response.
3. After being told several times that the issue would be looked into. I also seen the tier officer call dietary to fix the era but it was useless.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

4. ~~Thomas Dart is being sued for deliberate indifference, inhumane conditions, and cruel and unusual punishment.~~ Thomas Dart is being sued for deliberate indifference, pain and suffering, inhumane conditions, cruel and unusual punishment since he is responsible for enforcing this policy that are not properly used.
5. Anika Jones is ^{being sued} ~~being sued~~ for deliberate indifference, inhumane conditions, and cruel and unusual, due to her position at Cook County Jail.
6. Kristal Ramos is being sued for deliberate indifference, inhumane conditions, and cruel and unusual punishment.
7. Bradley is being sued for deliberate indifference, inhumane conditions and cruel and unusual punishment. Bradley is responsible for the actions by Central Kitchen.
8. F. Mines is being sued for deliberate indifference, inhumane conditions and cruel and unusual punishment. She is responsible for the meal details management and didn't pay attention to the doctor's order.
9. Becker is being sued for deliberate indifference, inhumane conditions and cruel and unusual punishment. Because they are responsible for food services as well.

Statement IV
of
claim

Evans is being sued for Deliberate Indifference, pain and self-Feeling, Inhumane conditions and cruel and unusual punishment. Because on 11-21-17, at or around 2 p.m I went in the hallway and demanded a psych doctor due to this issue stressing me out and my head was not right. Officer Evans the told me to get of the floor and he had a paper stating it was a order to stop given me milk and if I dont get of the floor he would destroy it.

8 I didnt get up do to being weak from not eating. I cant even take pain medication due to it making me sick, due to lack of food.

9. I had no food coming from CDCR dietary period. I lost over 20 lbs. because I was be deprived of daily needs. These ~~injury~~ injuries cause me to have several sleepless nights and nightmares of dying in the hands of Jail staff. I felt dehumanized and rejected by sworn members.

10 These defendants violated my 8th and 14th amendment of the United States Constitutions. Which is to be free of 'cruel and unusual punishment,' mental Anguish, ³ Deliberate Indifference, ⁶ pain and suffering, ⁷ and ⁸ Hiring and Retention.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

for the Court to grant me Judgement against all defendants for Violating my 14th amendment rights Under the Constitution. And I'm asking the Court to grant me Judgement for compensatory and punitive damages in the amount of \$200,000 All individuals is sued in their individual and official capacity.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20____

Nicholas BURCH
(Signature of plaintiff or plaintiffs)

NICHOLAS BURCH
(Print name)

20160922040
(I.D. Number)

COOK County Jail
2600 S California Chicago IL 60608
(Address)



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

NON-COMPLIANT GRIEVANCE RESPONSE FORM

(Interno no Queja Solicitud Respuesta)

EXHIBIT A

INMATE INFORMATION

PRINT - INMATE LAST NAME (Apellido del Preso): Butch	PRINT - FIRST NAME (Primer Nombre): Nicholas	INMATE BOOKING NUMBER (# de identificación del Preso): 20160922040
DIVISION (División): 8RTU	LIVING UNIT (Unidad): 2F	INMATE'S GRIEVANCE FORM DATE (Fecha): 11/12/17
INMATE # (SHORT #) (# Del Preso (# corto)): 0528560	GRIEVANCE CODE (Código de Queja): 420	DETERMINED BY C.R.W. (determinado por el T.R.C./C.R.W.): Lorton

REASONS FOR GRIEVANCE NON-COMPLIANCE AND/OR ACTION REQUIRED RESPONSE

Your grieved issue is not being processed due to the checked area(s) below. This grieved issue will not be assigned a control #, cannot be appealed and remedies cannot be exhausted

- ☐ The grieved issue is one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.
- ☐ The grieved issue did not occur within the last 15 calendar days nor is it an allegation of sexual assault, harassment, voyeurism, or abuse. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)
- ☒ The grieved issue is a repeat submission of a grievance collected within the last 15 calendar days.
- ☐ The grieved issue is a repeat submission of a grievance that previously received a response and was appealed.
- ☐ The grieved issue is repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days
- ☐ Offensive or harassing language was used
- ☐ The grievance form contains more than one issue.
- ☐ The grievance issue pertains to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.
- ☐ Other reason not listed

RAZÓN PORQUE LA QUEJA NO ES CONFORME Y/O ACCIÓN REQUERIDA

El asunto quejado no se está procesando por las siguientes razones que están marcadas debajo. El asunto quejado no se le asignará un número de control, no puede ser apelado y los remedios no se pueden agotar.

- ☐ El asunto de la queja es uno de los siguientes temas, que no se consideran quejas formales: Formulación de reglas del departamento, clasificación del detenido incluyendo designación del detenido, tal como riesgo de seguridad o custodia de protección para los detenidos, o decisiones del oficial de audiencias disciplinarias para los detenidos.
- ☐ El asunto de la queja debe haber ocurrido dentro de los 15 días calendario, y no se trata de acoso sexual, hostigamiento, voyerismo, o abuso. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).
- ☐ El asunto de la queja no debe ser repetido de una queja que fue sometido dentro los 15 días calendarios.
- ☐ El asunto de la queja es una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta o ya ha sido apelada.
- ☐ El asunto de la queja es una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted decidió no someter una apelación sobre la decisión dada en los 15 días calendario.
- ☐ El asunto de la queja contiene lenguaje ofensivo o amenazante.
- ☐ La solitud de la queja contiene más de un asunto.
- ☐ El asunto de la queja corresponde asuntos no relacionados con la cárcel, tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.
- ☐ Otra razón

This issue was addressed in grievance #2017x18302 which was filed by the detainee on 11/8/17 Please await a response.

NAME OF INDIVIDUAL RESPONDING (Nombre del personal o presos que tengan información): Crew Lorton	SIGNATURE OF INDIVIDUAL RESPONDING (Firma del personal o presos que tengan información): 	DATE (Fecha): 11/13/17
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INMATE SIGNATURE

INMATE'S SIGNATURE OF RECEIPT (Firma de recibo del preso): Nicholas Butch	DATE RESPONSE RECEIVED (Fecha de recibo de respuesta): 11.17.17
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COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

Refer to

17X 18302

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

BURCH

PRINT - FIRST NAME (Primer Nombre):

Nicholas

INMATE BOOKING NUMBER (# de identificación del Preso)

20160922040

DIVISION (División):

8

LIVING UNIT (Unidad):

2F

DATE (Fecha):

11-12-2017

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyerismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

El asunto de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT
(Fecha del Incidente)Present
11-12-2017

REQUIRED -

TIME OF INCIDENT
(Horas del Incidente)

All shifts

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)

Div 8 2F

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Cook County Food Service

On 11-10-2017, I WAS move to Div 8 from Cermak 3-West for a broken JAR that occurred in Div 9. I informed the doctor that I was unable to eat solid food due to broken JAR and he said he would put me in the system for a full liquid diet. But from 10-24-17 to 11-12-2017 they haven't brought the full liquid diet when trays was served on Cermak 3-West AND Div 8-2F. Up until now 11-12-17 I been deprived the right to the proper diet forcing me to go hungry by not being able to eat or drink full liquid. I've starved. This is clearly negligence or cruel and unusual punishment by me going hungry for weeks.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

Officer Smith 7-3 / Karrou 540/100

INMATE SIGNATURE: (Firma del Preso):

Nicholas Burch

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Crew Coston

SIGNATURE:

[Signature]

DATE CRW/PLATOON COUNSELOR RECEIVED:

11/13/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

Spoke to Sgts
Berry at 2:02 - 11-16-17
He said He dont know
I cant do anything 3F

Dietician

wired shut

Stomach



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Refer
to

CONTROL #

INMATE ID #

17X18715

0528560

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

NICHOLAS BURCH

PRINT - FIRST NAME (Primer Nombre):

Nicholas

INMATE BOOKING NUMBER (# de identificación del Preso)

20160922040

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

11-16-17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarias a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)

11-16-17

REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)

12:00 PM

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)

11 3 F

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

Dietician & C/o Passing out food

I got a order from the Doctor on 10-16-17 for full liquid diet. I have not got the liquid diet at all. I've die my best to eat the food Im gave to no avail, because it hurts very bad because my mouth is wired shut. I've informd Jail staff of this over and over and Im told the same thing time after time: I'll get it when the food is pasted out next time. I cant get a good nights sleep because of my stomach pain, do to no food. to day is 11-16-17 time 12:00, and I was just gave 3- 4FL oz Frozen Shakes even after I've told The Doctor that Im lactose intolerent. This cant be right and needs to be fixed right away. I spoke to Sgt. Berry at 2:02 and he said he cant any thing about it to the order is in the Computer nurse miller said

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

nurse miller C/o Ashford

INMATE SIGNATURE: (Firma del Preso):

NICHOLAS BURCH

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

Ashford D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECIEVED:

11/17/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Vomit when I drink anything with milk in it.

I'll go to the court for help if you don't fix this!



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

18715

0528560

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Cook County Sheriff's Office
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

Refer
to

CONTROL #:

INMATE ID #

17X18988

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

BURCH

PRINT - FIRST NAME (Primer Nombre):

NICHOLAS

INMATE BOOKING NUMBER (# de identificación del detenido)

20160922040

DIVISION (División):

8

LIVING UNIT (Unidad):

3F

DATE (Fecha):

11.22.17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA (GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT)

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyerismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -

DATE OF INCIDENT
(Fecha Del Incidente)

11.22.17

REQUIRED -

TIME OF INCIDENT
(Hora Del Incidente)

4:22AM

REQUIRED -

SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico Del Incidente)

D.V 8 3F

REQUIRED -

NAME and/or IDENTIFIER(S) OF ACCUSED
(Lugar Especifico Del Incidente)

CENTRAL Kitchen Administration

ON 11.22.17 AT 4:22AM I WAS giving Milk for BREAKFAST MEAL. I WAS told that the kitchen has been told that I'm Not to be gave Milk because I'm Allergic to it. SO ON 11.22.17 AT 4:22AM I WAS Not Able to Eat the Diet. I inform Nurse Wilson At 4:39AM Inmate C/O Ry. Jewski ON 11:00PM to 7:00AM. This cant be Right and Need to be Fixed Right away.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

C/O Ry. Jewski Nurse Wilson C/O Jimenez

INMATE SIGNATURE: (Firma del Preso/Fecha):

NICHOLAS BURCH

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

D. Wilson

DATE CRW/PLATOON COUNSELOR RECEIVED:

11/22/17

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

EXHIBIT C

CONTROL NUMBER

INMATE #

18988

0528560

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Burch	INMATE FIRST NAME (Primer Nombre): Nicholas	ID Number (# de Identificación): 20160922040
GRIEVANCE ISSUE AS DETERMINED BY CRW:		
IMMEDIATE CRW RESPONSE (if applicable): Food Allergy Lactose Intolerance / Milk Allergy Entered in CCMD 11-21-17 + 11-22-17		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): Support Services Dept		DATE REFERRED: 11 / 24 / 17

RESPONSE BY PERSONNEL HANDLING REFERRAL

Attached			
PERSONNEL RESPONDING TO GRIEVANCE (Print): K. Lankford	SIGNATURE: <i>[Signature]</i>	DIV./DEPT.: SS	DATE: 11 / 30 / 17

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): Nicholas Burch	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 12 / 6 / 17
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INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

TO BE COMPLETED BY INMATE	<ul style="list-style-type: none"> To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies. (Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.) Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794. (De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.) 	TO BE COMPLETED BY INMATE
	DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 12 / 6 / 17	
	INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación): I DON'T AGREE RESPONSE THAT'S GIVEN...	

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o/su designado(a):)

NO BASIS FOR APPEAL
ORIGINAL RESPONSE STANDS

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)):

SIGNATURE (Firma del Administrador o/su Designado(a):)

DATE (Fecha):

12/11/17

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): Nicholas Burch	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida): 12 / 13 / 17
---	--

DOR 11/22/17

EXHIBIT C

201718988

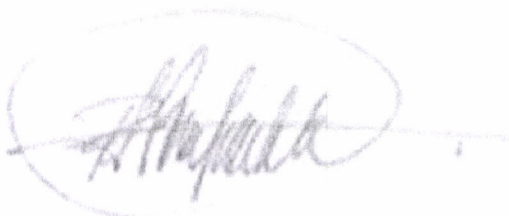
Response to Incorrect Meal type

Thanks for bringing this issue to our attention. Your complaint about receiving wrong meal was investigated and the following was revealed:

According to CCDOC Meal Reporting System in CCOMS, your current assigned meal *Dental Soft/Lactose intolerance/Milk allergy* was prescribed and confirmed by your doctor during my most recent interaction with him. CBM, CCDOC Food Contractor has been advised to inspect and ensure that you receive the appropriate meal as indicated.

In any case, if you would like to change your current diet as prescribed above, please speak with your doctor to that effect.

If/when you have a reason to believe that you have been receiving the wrong type of meal; it is your responsibility to make immediate notification to CCDOC staff to facilitate timely verification and investigation of such allegations. Immediate notification is also necessary to facilitate timely acquisition of another replacement meal, when necessary, from the food service contractor.



11/30/17

INMATE COPY

11-22-17



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

BURCH

PRINT - FIRST NAME (Primer Nombre):

NICHOLAS

INMATE BOOKING NUMBER (# de identificación del detenido)

20160922040

DIVISION (División):

08

LIVING UNIT (Unidad):

3 F

DATE (Fecha):

11.22.17

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievred issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievred issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievred issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA (GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT)

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyeurismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha Del Incidente)

11.22.17

REQUIRED -
TIME OF INCIDENT
(Hora Del Incidente)

12:15PM

REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico Del Incidente)

DIV 8 3F

REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Lugar Especifico Del Incidente)DIRECTOR BRADY
NUTRITIONIST KRISTAL RAMOS

To day I went to G Side Dispensary to see Doctor Tremell. nurse Gavin did my wate, and Ied lost 21 LB. when I got to the CERMAK 3 West my wate was 171 LB. my wate lost is do to not getting any of the right orders that the Doctor gave me. I was gave foods that I couldnt eat, and milk I couldnt drink with out becoming sick, dato a milk allergy. Ied told you all of the DN intake. Iie put in requests and grievances to. now Im having a very hard time SLEEPING do to right nairs and not eating. This cant be right.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

Nurse Gavin/whit. C/O GALLACHER

INMATE SIGNATURE: (Firma del Preso/Fecha):

NICHOLAS BURCH

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

D. Wilson

SIGNATURE:

W

DATE CRW/PLATOON COUNSELOR RECIEVED:

1/12/18

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina Del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

EXHIBIT D

CONTROL NUMBER

INMATE #

19029

0528560

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso): Benech	INMATE FIRST NAME (Primer Nombre): Nickolas	ID Number (# de Identificación): 20160822040
GRIEVANCE ISSUE AS DETERMINED BY CRW: 210 mental Health		
IMMEDIATE CRW RESPONSE (if applicable): convinced to submit mental Health request		
CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services): C. Brown		DATE REFERRED: 11/27/17

RESPONSE BY PERSONNEL HANDLING REFERRAL

I will request an appointment for MH staff to evaluate your concerns. However, for a faster response in the future, use the yellow heart request forms to access MH care.

PERSONNEL RESPONDING TO GRIEVANCE (Print): C. Brown	SIGNATURE: [Signature]	DIV./DEPT.: MH	DATE: 11/28/17
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THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): Nickolas Benech	DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 12/6/17
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INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

- To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.
(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)
- Independent of the CCDOC procedure and after receiving an appeal decision, if you are dissatisfied with the outcome, you must submit the appeal grievance to the Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.
(De manera independiente del procedimiento del CCDOC, y tras recibir la resolución de una apelación, si no está satisfecho con el desenlace, debe enviar la queja de la apelación a Illinois Department of Corrections, Jail and Detention Standards Unit, 1301 Concordia Court, P.O. Box 19277, Springfield Illinois 62794.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso): 12/6/17

INMATE'S BASIS FOR AN APPEAL: (Base del preso para una apelación):

I DON'T Agree With the Response...

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐ No ☒

(Apelación del preso aceptada por el administrador o/su designado(a)?)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o/su designado(a):)

You have been in Psychology clinic as noted in initial response.

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o/su Designado(a)): C. Brown	SIGNATURE (Firma del Administrador o/su Designado(a)): [Signature]	DATE (Fecha): 12/15/17
--	---	---------------------------

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso): Nickolas Benech	DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida) 12/20/17
--	---

COOK COUNTY SHERIFF'S OFFICE
(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grieved issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grieved issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grieved issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grieved issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grieved issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

The grievance form must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA (GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT)

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: formulación de reglas del departamento. Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarias a menos que la acusación sea de acoso sexual, hostigamiento, voyerismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente reciba y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha Del Incidente)REQUIRED -
TIME OF INCIDENT
(Hora Del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico Del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Lugar Especifico Del Incidente)

11-21-2017

1:30 PM TO
2:00 PM

Div 8 3F

C/O EVANS/Nurses
Central Kitchen
Administration
STAFF

I was told that the central kitchen has been told I'm not to be given milk because I'm allergic to it. Every day some one say it'll be fix today. So on 11-21-2017 I went to the hall way and wouldn't go back into the unit. I sat down on the floor. I was asking to talk to a psych doctor because my heads not right. I cant sleep I think the jail staff is doing their best to kill me. % EVANS came with a paper and said it was a order to stop giving me milk. And he said if I dont get up off the floor he'll destroy it. I didn't get up because like I've said my head wasnt right do to No eating from 10-16-17 and I didn't get the right diet today is 11-21-17 and % Evans did destroy it.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso/Fecha):

C/O EIDKINAE C/O COLLINS NURSE GAVIN

NINERAA BUNAK

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievred issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievred issue is not one of the following non-grievable matters: formulation of departmental policies, inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievred issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, harassment, voyeurism, or abuse. If the grievance includes an allegation of sexual assault, harassment, voyeurism, or abuse no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

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The grievred issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days

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The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRETRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

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El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, hostigamiento, voyerismo, o abuso. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyerismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante

La solitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horad del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Especifico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

11.17.17

6:05PM

8RTU

Doctor/Dietician

ON 10.16.17 I informed the Doctor that I WAS lactose intolerant ON tier 3 west in CERMAK HND CANT drink INSURE Milk. I informed INTAKE when I WAS PROCESSING that I WAS Allergic to Anything with Milk in it. Soup into 10.16.17 to 11.16.17 I WAS Recive Regular TRAYS ON All shifts forcing me to go hungry by not being able to eat. ON 11.17.17 ~~at~~ 6:05PM I WAS FINALLY giving A full liquid diet with Milk in it. So I've Refuse Meats

ON 11.17.17 ~~at~~ 6:05PM 3:00 to 11:00PM / 11.18.17 ~~at~~ 4:40AM ON 11:00PM to 7:00AM / 11.18.17 ~~at~~ 10:31AM ON 7:00AM to 3:00PM

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

C/O MORRIS / C/O DEMBROWSKI / C/O FRANCOIS / C/O HARVIZU / C/O ROMERO / C/O TAYLOR

INMATE SIGNATURE: (Firma del Preso):

NICKOLAS BURCH

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

EXHIBIT G



NUTRITIONIST
KRISTAL RAMOS

COOK COUNTY SHERIFF'S OFFICE
BUREAU OF INFORMATION AND TECHNOLOGY
COOK COUNTY OFFENDER MANAGEMENT SYSTEM
(CCOMS)



Meal Details

User ID: F MINEO

Date: 11/7/2017

Time: 11:16 PM

Page: 1 of 3

Meal Date: 11/7/2017

Meal Category: ALL

Facility: Division 8

Meal Session: B

Meal Desc: ALL

Section: DIV8-3W

Inmate #:	Booking Id:	Inmate Name:	Cell:	Current Location:	Count:	Meal Category:	Disposition:
0116490	20170420218	Barber, Jackie O	DIV8-3W-3213-2	In-Cell	1	Medical	Case Continued
<u>Meal Description:</u>			<u>Meal Notes:</u>				
Dental Soft							
0171670	20171008142	Mayfield, Alvin	DIV8-3W-3215-4_X	In-Cell	1	Medical	Case Continued Case Continued Case Continued
<u>Meal Description:</u>			<u>Meal Notes:</u>				
2400 Cal A.D.A. With H.S. Snack							
0159103	20161003213	Sanchez, Eddie	DIV8-3W-Dayroom-DR	In-Cell	1	Medical	Case Continued Case Continued Case Continued Probation Termination Unsatisfact.
<u>Meal Description:</u>			<u>Meal Notes:</u>				
Low Sodium / Low Cholesterol							

Total Meal Count: 3

This document details the list of detainees who received diet trays and attests as well as validate the truth that I didn't receive any meal at all...

U.S. Courts

This 1983 package was prepared by a detainee that will no longer be able to help the plaintiff with his future legal issues. This is all questions answered to his best ability or knowledge. Legal assistance will be needed due to plaintiff's lack of ~~his~~ understanding in this field. May the courts proceed in his future by assigning plaintiff with counsel.

Respectfully

J. N.